

# 2019 Quality Rating System and QHP Enrollee Experience Survey: Operational Instructions

## Document Purpose

As a condition of certification and participation in the Health Insurance Exchanges (Exchanges)<sup>1</sup> and Small Business Health Options Program (SHOP), the Centers for Medicare & Medicaid Services (CMS) requires that Qualified Health Plan (QHP) issuers submit Quality Rating System (QRS) clinical measure data and QHP Enrollee Experience Survey (QHP Enrollee Survey) response data for their respective QHPs offered through an Exchange. The QRS and QHP Enrollee Survey Team on behalf of CMS oversees the 2019 QRS clinical measure and QHP Enrollee Survey response data collection and submission.

This document provides an overview of the QRS and QHP Enrollee Survey requirements and instructions to QHP issuers on how to:

- 1) Prepare reporting units to collect and submit both 2019 QRS clinical measure data and QHP Enrollee Survey response data;
- 2) Generate sample frames for the QHP Enrollee Survey;
- 3) Complete the National Committee and Quality Assurance's (NCQA) Healthcare Organization Questionnaire (HOQ) (i.e., confirm reporting unit information, select an HHS-approved QHP Enrollee Survey vendor, and validate sample frame); and
- 4) Provide information regarding reporting unit ineligibility, if applicable.

Additionally, this document provides a table of [key QHP issuer due dates](#), links to [additional resources](#), and an [eligibility roadmap](#) for determining QHP issuer eligibility for the submission of QRS clinical measure data and QHP Enrollee Survey response data.

**Note:** CMS encourages QHP issuer users to register and/or request access to the Health Insurance Oversight System Marketplace Quality Module (HIOS-MQM) through the CMS Enterprise Portal (<https://portal.cms.gov>) to ensure you can view your QHP information. Details for registering and requesting access to HIOS-MQM are included in the [HIOS-MQM Quick Reference Guide](#), available on [CMS' Health Insurance Marketplace Quality Initiatives \(MQI\) Website](#).

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<sup>1</sup> Unless the context indicates otherwise, the term "Exchanges" refers to the Federally-facilitated Exchanges (FFE) (inclusive of FFEs where the State performs plan management functions [FFE-SPM]) and the State-based Exchanges (SBEs) (inclusive of State-based Exchanges on the Federal Platform [SBE-FPs]).

## QHP Issuer Requirements for the 2019 QRS and QHP Enrollee Survey

### Reporting Requirements

QHP issuers are required to collect and submit validated 2019 QRS clinical measure data and QHP Enrollee Survey response data to CMS for each reporting unit that meets all the criteria listed below:

- Offered<sup>2</sup> through an Exchange in the prior year (i.e., 2018 calendar year);
- Offered through an Exchange in the ratings year (i.e., 2019 calendar year); and
- Meets the QRS and QHP Enrollee Survey minimum enrollment requirements<sup>3,4</sup>:
  - Included more than 500 enrollees as of July 1 in the prior year (i.e., July 1, 2018); and
  - Included more than 500 enrollees as of January 1 of the ratings year (i.e., January 1, 2019).

**Note:** The minimum enrollment threshold is determined by the total number of enrollees within the product type; not just survey eligible enrollees. Total counts must include enrollees from both SHOP and individual markets (i.e., combine all SHOP and individual market enrollees from the same product type to get the total count of enrollment). Please review [Table 1: Terminologies and Definitions](#) and refer to [Table 2: QRS and QHP Enrollee Survey Guidelines for Including Plans and Enrollees in a Reporting Unit](#) and [Table 3: Example Reporting Units for a QHP Issuer Assessed Against 2019 QRS and QHP Enrollee Survey Participation Criteria](#).

**Note:** QHP issuers with reporting units that meet the eligibility criteria listed above are required to submit **both** 2019 QRS clinical measure data **and** QHP Enrollee Survey response data; QHP issuers **may not** submit only one or the other.

Reporting units discontinued before June 15 of the ratings year (i.e., June 15, 2019) are exempt from the QRS and QHP Enrollee Survey requirements.

QHP issuers with reporting units with more than 500 enrollees as of July 1, 2018, that are uncertain whether they will have more than 500 enrollees as of January 1, 2019, should proceed as if they are required to field the 2019 QHP Enrollee Survey by contracting with an HHS-approved QHP Enrollee Survey vendor and preparing to generate the sample frame on or after **January 8, 2019**. If the eligibility status of a reporting unit changes, QHP issuers must notify CMS within three business days of discovery, but no later than **January 7, 2019**.

**Note:** While reporting units that meet all eligibility criteria above will be required to collect and submit 2019 QRS clinical measure data and QHP Enrollee Survey response data, not all reporting units will be eligible for QRS scoring. A reporting unit must be operational for at least three consecutive years (i.e., 2017, 2018, and 2019) to receive QRS scores and ratings.

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<sup>2</sup> For purposes of QRS and QHP Enrollee Survey participation eligibility, the term “offered” includes all reporting units that are operational through an Exchange (i.e., reporting units that are available for purchase through an Exchange [SHOP or individual], accepting new members or groups, or that have active or existing members).

<sup>3</sup> 45 C.F.R. §§ 156.1120(a) and 156.1125(b).

<sup>4</sup> The QHP Enrollee Survey minimum enrollment requirement aligns with standards set forth in 45 C.F.R. § 156.1125(b)(1). CMS established the minimum enrollment requirement for QRS to align with the QHP Enrollee Survey minimum enrollment requirement and to support a sufficient size for credible and reliable results.

## Determining Eligibility

To evaluate the eligibility of reporting units required to collect and submit 2019 QRS clinical measure data and QHP Enrollee Survey response data, QHP issuers should review [Appendix A: Data Submission Eligibility Roadmap](#) and the following definitions:

**Table 1: Terminologies and Definitions**

Terminology	Definition
<b>Operational</b>	The QHPs in the reporting unit are available for purchase on an Exchange (SHOP or individual), accepting new members or groups, and/or have active or existing members during the applicable year (i.e., 2018, 2019).
<b>Not Operational</b>	The QHPs in the reporting unit are not sold on an Exchange (SHOP or individual), are not accepting new members or groups, and do not have active or existing members (i.e., zero members) during the applicable year (i.e., 2018, 2019).
<b>Discontinued</b>	<p>The QHPs in the reporting unit will not be offered (i.e., not offering to new members and/or not available for purchase during the upcoming open enrollment period) through an Exchange and will not be operational. For example, the QHPs in the reporting unit will not be sold through an Exchange and will not be operational during the applicable year (i.e., 2019).</p> <ul style="list-style-type: none"> <li>• Example: The QHPs in the reporting unit will not be sold through an Exchange and have zero active members in the ratings year prior to June 15, 2019.</li> <li>• Please refer to the CCIO <a href="#">Uniform Modification and Plan/Product Withdrawal FAQ</a> for the difference between discontinuation and uniform modification.</li> </ul>

**Note:** If a QHP issuer determines that a reporting unit is ineligible to collect and submit 2019 QRS clinical measure data and QHP Enrollee Survey response data, the QHP issuer must notify CMS. For steps on how to notify CMS regarding reporting unit ineligibility, please see the [Required Actions for Ineligible Reporting Units](#) section of this document.

## Reporting Unit Plan and Enrollee Inclusion Criteria

QHP issuers should refer to [Table 2](#) and [Table 3](#) below to review guidelines and examples for including plans and enrollees in a reporting unit. CMS will not accept data submissions for reporting units that do not follow the guidelines as defined in [Table 2](#) for determining which enrollees should be included.

**Table 2: QRS and QHP Enrollee Survey Guidelines for Including Plans and Enrollees in a Reporting Unit**

Creating a Reporting Unit <i>Applies to 2019 QRS Clinical Measures and the QHP Enrollee Survey</i>
<b>Include the Following Enrollees:</b>
<p>Enrollees in QHPs offered through an Exchange (HIOS variant IDs -01 through -06, <u>and</u> -31 through -36 for States with Medicaid 1115 waivers where the Medicaid expansion population is eligible to enroll in Exchange plans) in the prior year (i.e., 2018 calendar year).</p> <p><b>Note:</b> It is the QHP issuer's responsibility to know which enrollees are using a Medicaid 1115 waiver to purchase their coverage.</p>
Enrollees in QHPs that provide family and/or adult medical coverage.

Enrollees from MSP products, if the QHP issuer offers both a QHP and an MSP option of the same product type in the same State (i.e., combine enrollees from both MSP products and QHP products).
<p>Enrollees from both the individual market (individual and family plans) and SHOP if the QHP issuer offers the same product type in the individual market as well as the SHOP within a State (i.e., <b>combine SHOP and individual and family plans if they are the same product type offered in the same State</b>).</p> <p><b><u>Example:</u></b></p> <ul style="list-style-type: none"> <li>• QHP issuer XYZ has 500 SHOP HMO enrollees in a particular State and 200 individual and family plan HMO enrollees.</li> <li>• QHP issuer XYZ pulls the reporting unit sample frame on January 8, 2019, containing 700 enrollees from SHOP and individual and family HMOs.</li> </ul>
<p><b>Combine</b> enrollees from multiple products of the same product type in a single State into one reporting unit.</p> <p><b><u>Example:</u></b></p> <ul style="list-style-type: none"> <li>• QHP issuer XYZ has three HMO plans in a particular State.</li> <li>• QHP issuer XYZ combines enrollees from the three HMO plans into a single reporting unit.</li> </ul>
<p><b>Combine</b> enrollees from the same product type with multiple plan levels (e.g., bronze, expanded bronze, silver, gold, platinum, catastrophic) into one reporting unit.</p> <p><b><u>Example:</u></b></p> <ul style="list-style-type: none"> <li>• Issuer XYZ has silver and gold HMOs in a particular State.</li> <li>• Issuer XYZ combines the silver and gold HMOs for that State into a single reporting unit.</li> </ul>
Enrollees may be aligned to a different issuer in the prior year in cases where the QHP issuer has documented a change in ownership that is effective as of January 1 of the ratings year (i.e., 2019 calendar year). In cases of such mergers or acquisitions, the gaining QHP issuer should include enrollees previously aligned to the ceding QHP issuer.
<b>Confirm Minimum Enrollment Criteria:</b>
The QHPs in the reporting unit are offered through an Exchange in the ratings year (i.e., 2019 calendar year).
There were more than 500 enrollees in the reporting unit as of July 1 in the prior year (i.e., July 2018).
There were more than 500 enrollees in the reporting unit as of January 1 of the ratings year (i.e., January 2019).

**Note:** QHP issuers must use a consistent approach when determining the eligible population and reporting for the QRS clinical measures and QHP Enrollee Survey, and for each product.

**Table 3: Example Reporting Units for a QHP Issuer Assessed Against 2019 QRS and QHP Enrollee Survey Participation Criteria**

Reporting Unit	Enrollment as of July 1, 2018 (total and per individual market vs. SHOP)	Enrollment as of January 1, 2019 (total and per individual market vs. SHOP)	Offered as of June 15, 2019	Meet participation criteria? (i.e., required to submit QRS and QHP Enrollee Survey measure data)?
12345-STATE1-PPO	505 (505 individual, 0 SHOP)	505 (505 individual, 0 SHOP)	Yes	Yes
12345-STATE1-HMO	601 (501 individual, 100 SHOP)	N/A	No – discontinued as of December 31, 2018	No – not operating in ratings year
12345-STATE2-PPO	100 (55 individual, 45 SHOP)	100 (55 individual, 45 SHOP)	Yes	No – insufficient enrollment size in both years
12345-STATE2-HMO	700 (700 individual, 0 SHOP)	300 (300 individual, 0 SHOP)	Yes	No – insufficient enrollment size as of January 1, 2019
12345-STATE2-EPO	505 (300 individual, 205 SHOP)	501 (300 individual, 201 SHOP)	Yes	Yes
12345-STATE3-HMO	500 (300 individual, 200 SHOP)	500 (300 individual, 200 SHOP)	Yes	No – insufficient enrollment size in both years

## Requirements for QHP Enrollee Survey Sample Frame Creation and Validation

QHP issuers are responsible for creating a sample frame of eligible enrollees for each reporting unit (i.e., each product type by state) and contracting with and authorizing an HHS-approved vendor to conduct the QHP Enrollee Survey. QHP issuers must create the sample frame on or after **January 8, 2019** and arrange for its validation by an NCQA Certified HEDIS<sup>®5</sup> Compliance Auditor. All sample frames must include all enrollees (including both individual market and SHOP enrollees) as of **11:59 p.m. ET on January 7, 2019 (the anchor date)**. See [Appendix B: Example Quality Control Checks for Sample Frame Files](#) and [Appendix C: 2019 QHP Enrollee Survey Sample Frame File Layout](#). Sections on creating the sample frame (e.g., QHP Enrollee Survey Sample Frame, Create Sample Frame and Draw Sample (Sampling)) can be found in the [Qualified Health Plan Enrollee Experience Survey: Technical Specifications for 2019](#) and the [Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2019](#), which are posted on the [MQI Website](#).

<sup>5</sup> Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) is a registered trademark of the National Committee for Quality Assurance (NCQA).

### ***Enrollee Eligibility for the QHP Enrollee Survey: Continuous and Current Enrollment***

Enrollees must satisfy two enrollment criteria for the 2019 plan year to be considered eligible for the QHP Enrollee Survey and included in the sample frame—continuous and current enrollment.

- Enrollees are considered **continuously enrolled** if they are enrolled in an eligible QHP from July 1 through December 31, 2018 with no more than one 31-day break in enrollment during that period. An allowable gap can occur anytime during the continuous enrollment period (July 1 through December 31, 2018). Enrollees who switch among different product lines (e.g., commercial, Medicaid, Medicare) and products (e.g., HMO, POS, PPO, EPO) within the eligible QHP during the continuous enrollment period are considered continuously enrolled and are included in the product line/product in which they were enrolled at the end of the continuous enrollment period (i.e., December 31, 2018).
- Enrollees are considered **currently enrolled** if they are enrolled in an eligible QHP:
  - At the end of the continuous enrollment period (i.e., December 31, 2018), **and**
  - On January 7, 2019 (the anchor date).

For a complete list of all enrollee eligibility requirements for the 2019 QHP Enrollee Survey, refer to the [\*Qualified Health Plan Enrollee Experience Survey: Technical Specifications for 2019\*](#).

### ***Option to Oversample***

QHP issuers eligible to field the QHP Enrollee Survey may choose to draw a sample larger than the specified 1,300 enrollees per reporting unit (i.e., oversample) for the QHP Enrollee Survey. This decision must be communicated to the contracted HHS-approved QHP Enrollee Survey vendor, who will submit all oversampling requests to CMS by **January 7, 2019**. Oversampling requests are subject to CMS approval.

## Requirements for NCQA's Healthcare Organization Questionnaire (HOQ)

QHP issuers with reporting units that meet the 2019 QRS and QHP Enrollee Survey [Reporting Requirements](#) are required to complete NCQA's HOQ (e.g., confirm reporting unit information, select HHS-approved QHP Enrollee Survey vendor, and validate sample frame) for each eligible reporting unit. The HOQ enables the authorization of an HHS-approved QHP Enrollee Survey vendor to field the survey on behalf of the QHP issuer and the validation of a QHP issuer's survey sample frame by an NCQA Certified HEDIS Compliance Auditor.

NCQA will open the annual HOQ in early **January 2019**. Once available, the HOQ can be accessed at <https://applications.ncqa.org>. For more information regarding the HOQ, visit: <https://www.ncqa.org/hedis/data-submission/>. The data submission process for the QRS and QHP Enrollee Survey is detailed in the Data Submission and Submit Data sections of the [Qualified Health Plan Enrollee Experience Survey: Technical Specifications for 2019](#) and in the [Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2019](#), which are posted on the [MQI Website](#).

### Confirm Reporting Unit Information

QHP issuers must confirm that all eligible reporting units are included in their HOQ account and verify the required information for each reporting unit (e.g., general information, enrollment status as of July 1, 2018 and as of January 1, 2019, year plan began operating, and three-year operational status [i.e., 2017, 2018 and 2019]). Updates to reporting unit information should be made directly in the HOQ. QHP issuers must confirm reporting unit information in the HOQ by **January 31, 2019**.

**Note:** Please refer to the definition of “operational” included in the [Determining Eligibility](#) section of this document.

### Select HHS-Approved QHP Enrollee Survey Vendor

QHP issuers required to collect and submit QHP Enrollee Survey response data must authorize their contracted HHS-approved vendor for each eligible reporting unit by selecting the vendor from a drop-down menu in the HOQ. QHP issuers must authorize a vendor by **January 31, 2019**.

A list of the 2019 HHS-approved vendors and contact information for the QHP Enrollee Survey is available [here](#) on the MQI Website.

### Validate Sample Frame

The QHP Enrollee Survey sample frame validation must be completed by **January 31, 2019**. Each QHP issuer must provide the NCQA Certified HEDIS Compliance Auditor with access to its HOQ. The NCQA Certified HEDIS Compliance Auditor enters the results of the QHP Enrollee Survey sample frame validation into the HOQ.



## Required Action for Ineligible Reporting Units

QHP issuers with reporting units that do not meet the eligibility criteria are required to complete the “2019 QRS and QHP Enrollee Survey – Ineligible Reporting Unit Information” template (attached to the Operational Instructions delivery email) and submit it to [QRSandQHPSurveyTeam@ncqa.org](mailto:QRSandQHPSurveyTeam@ncqa.org) by **January 7, 2019**. In this template, QHP issuers must include information for each reporting unit that does not meet eligibility criteria by selecting from a drop-down menu of ineligibility reasons. **Table 4** below lists the ineligibility reasons from which QHP issuers may select.

**Table 4: Ineligibility Reasons Available in the “2019 QRS and QHP Enrollee Survey – Ineligible Reporting Unit Information” Template**

Ineligibility Reason	QHP Issuer Instructions
<b>Reporting Unit Discontinued Prior to June 15, 2019</b>	<ul style="list-style-type: none"> <li>QHP issuers review the 2019 Definitions tab for the definition of “Discontinued” in the ineligibility template.</li> <li>QHP issuers that select “Reporting Unit Discontinued Prior to June 15, 2019” must provide the expected enrollee count on June 15, 2019 in <b>Column J</b> and select an option provided in the drop-down menu of <b>Column K</b> in the ineligibility template.</li> <li>If the reporting unit is discontinued prior to June 15, 2019, complete and submit the ineligibility template to <a href="mailto:QRSandQHPSurveyTeam@ncqa.org">QRSandQHPSurveyTeam@ncqa.org</a> as soon as possible, but no later than <b>January 7, 2019</b>.</li> </ul>
<b>Reporting Unit Operates in Current and Upcoming Year (But Did Not Meet Minimum Enrollment Threshold as of July 1, 2018)</b>	<ul style="list-style-type: none"> <li>QHP issuers determine if the reporting unit met the enrollment threshold as of July 1, 2018 and/or January 1, 2019.</li> <li>If the reporting unit did not meet the enrollment threshold, complete and submit the ineligibility template to <a href="mailto:QRSandQHPSurveyTeam@ncqa.org">QRSandQHPSurveyTeam@ncqa.org</a> as soon as possible but no later than <b>January 7, 2019</b>.</li> </ul>
<b>Reporting Unit Operates in Current and Upcoming Year (But Did Not Meet Minimum Enrollment Threshold as of January 1, 2019)</b>	<ul style="list-style-type: none"> <li>QHP issuers determine if the reporting unit met the enrollment threshold as of July 1, 2018 and/or January 1, 2019.</li> <li>If the reporting unit did not meet the enrollment threshold, complete and submit the ineligibility template to <a href="mailto:QRSandQHPSurveyTeam@ncqa.org">QRSandQHPSurveyTeam@ncqa.org</a> as soon as possible but no later than <b>January 7, 2019</b>.</li> </ul>
<b>Reporting Unit Operates in Current and Upcoming Year (But Did Not Meet Minimum Enrollment Threshold as of July 1, 2018 AND January 1, 2019)</b>	<ul style="list-style-type: none"> <li>QHP issuers determine if the reporting unit met the enrollment threshold as of July 1, 2018 and/or January 1, 2019.</li> <li>If the reporting unit did not meet the enrollment threshold, complete and submit the ineligibility template to <a href="mailto:QRSandQHPSurveyTeam@ncqa.org">QRSandQHPSurveyTeam@ncqa.org</a> as soon as possible but no later than <b>January 7, 2019</b>.</li> </ul>
<b>Reporting Unit Does Not Operate in Current Year (2018) (But Operates in Upcoming Year (2019))</b>	<ul style="list-style-type: none"> <li>QHP issuers review the 2019 Definitions tab for the definitions of “Operational” and “Not Operational”.</li> <li>If the reporting unit does not operate in current year (2018) (but operates in upcoming year (2019)), complete and submit the ineligibility template to <a href="mailto:QRSandQHPSurveyTeam@ncqa.org">QRSandQHPSurveyTeam@ncqa.org</a> as soon as possible but no later than <b>January 7, 2019</b>.</li> </ul>

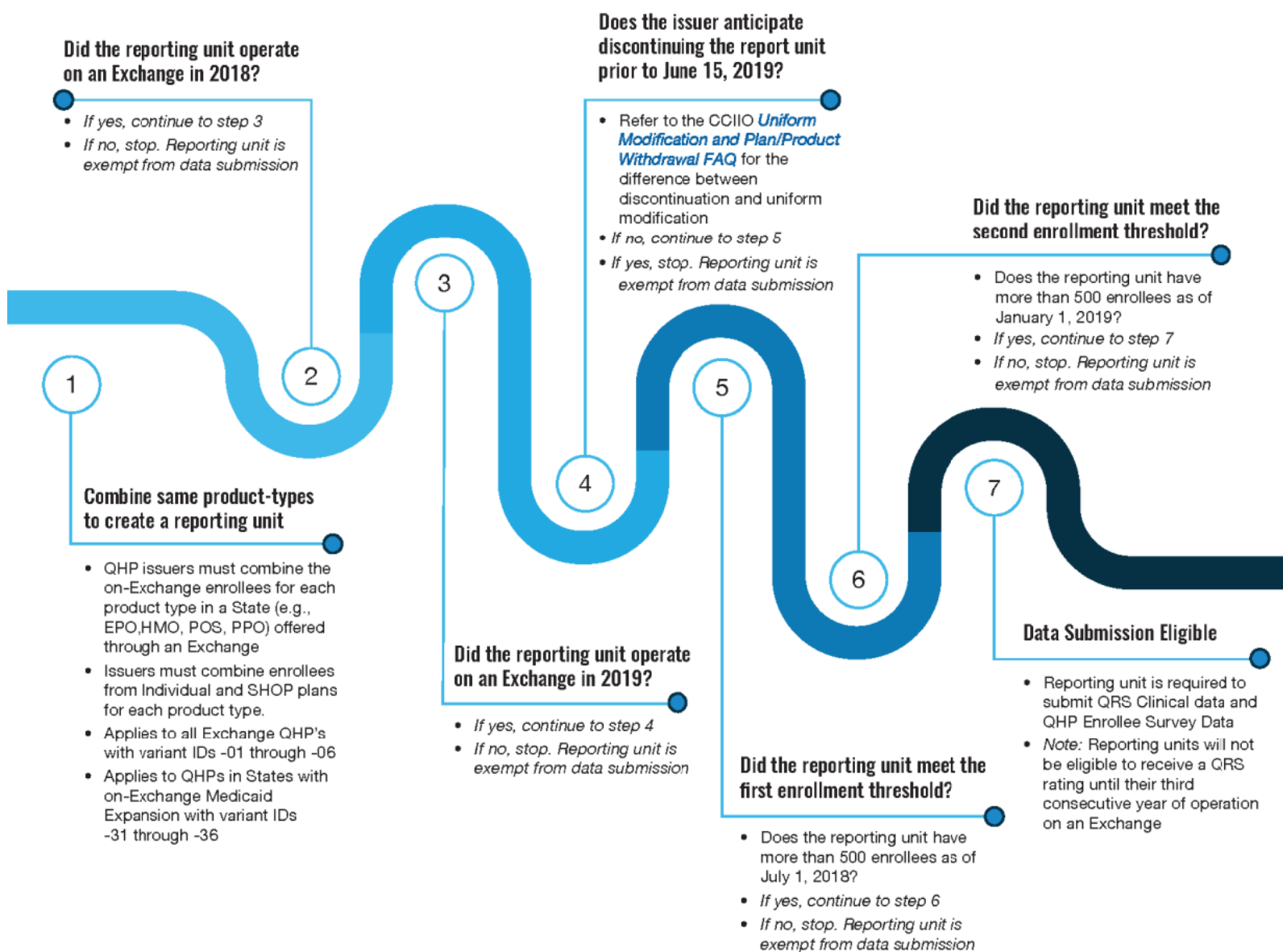


<b>Other</b>	<ul style="list-style-type: none"><li>• QHP issuers that select “Other” as an ineligibility reason must provide additional reporting unit specific information to support exemption from submitting 2019 QRS clinical measure data and QHP Enrollee Survey response data in <b>Column L</b> in the ineligibility template.</li><li>• If the reporting unit is exempt from submitting the 2019 QRS clinical measure data and QHP Enrollee Survey response data due to reasons other than provided in the ineligibility reason drop-down menu, complete and submit the ineligibility template to <a href="mailto:QRSandQHPSurveyTeam@ncqa.org">QRSandQHPSurveyTeam@ncqa.org</a> as soon as possible but no later than <b>January 7, 2019</b>.</li></ul>
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**Note:** Please include “2019 QRS and QHP Enrollee Survey – Ineligible Reporting Unit Information (Reporting Unit ID [i.e., HIOS ID-State-Product Type])” as the email subject line.

## Appendix A: Data Submission Eligibility Roadmap

# QRS and QHP Enrollee Survey Data Submission Eligibility Roadmap



## Definitions and Examples

- Operational:** The QHPs in the reporting unit are available for purchase on an Exchange (SHOP or individual market), accepting new members or groups and/or have active or existing members during the applicable year.
- Not Operational:** The QHPs in the reporting unit are not sold on an Exchange (SHOP or individual market), are not accepting new members or groups, and do not have active or existing members (i.e., zero members) during the applicable year.
- Discontinued:** The QHPs in the reporting unit will not be offered (i.e., not offering to new members and/or not available for purchase during the upcoming open enrollment period) through an Exchange and will not be operational during the applicable year.
  - Example: The QHPs in the reporting unit will not be sold through an Exchange and have zero active members in the ratings year prior to June 15, 2019.
  - Please review the [Uniform Modification and Plan/Product Withdrawal FAQ](#) for additional information on discontinuation and uniform modification.

## Appendix B: Example Quality Control Checks for Sample Frame Files

Table 5: Example Quality Control Checks for Sample Frame Files

Quality Control Checks for Sample Frame Files
Verify that the Reporting Unit for the QHP Enrollee Survey and QRS is defined by the unique State-product type (i.e., EPO, HMO, POS, and PPO) for each QHP issuer. QHP issuers may not combine States or product types.
Verify that the sample frame contains the entire eligible population, including both individual market and SHOP enrollees.
Verify that enrollees are in QHPs offered through an Exchange. These Exchange QHPs are designated as HIOS Variant IDs -01 through -06 and -31 through -36 for Medicaid Expansion QHP enrollees.
Verify that data elements are assigned correctly and that all required fields contain allowed values.
Verify that the population included in the sample frame matches the population being reported. For example, if an Exchange PPO file is being reported, then no Exchange HMO members should be included in the file.
Run frequencies and count distributions on sample frame data to check for outliers and anomalies (including missing values). Investigate sample frame files if there are notable differences or missing values and determine if the data are accurate.
Compare the frequencies and count distributions of sample frame data to the previous survey administration year (2018). Investigate for significant (suggested greater than 30%) changes and determine if the data are accurate.
Verify that organizations with Medicaid Expansion QHP enrollees (Field Position 598, 1=Yes) have a Variant ID value between -31 and -36.
Verify that all records within a sample frame have the same value for Product Type, Issuer ID, QHP State, and Reporting Unit ID.
Verify that the Reporting Unit ID (Issuer ID-QHP State-product type) in the file name matches those populated in the data.
Verify that QHP Issuer Legal Name does not include extra spaces, abbreviations, or acronyms. <b>Note:</b> This variable is how the QHP Issuer name will appear in the Quality Improvement (QI) Report.

**Note:** QHP issuers must conduct quality control checks on data included in the sample frame. Quality control checks verify that data from the sample frame are accurately captured and prevent sampling errors. This table should **not** be considered an exhaustive list of possible quality control activities.

## Appendix C: 2019 QHP Enrollee Survey Sample Frame File Layout

Table 6: 2019 QHP Enrollee Survey Sample Frame File Layout

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
QHP Issuer Legal Name	Char	60	1	60	Legal name of the issuer of the QHP in which the individual is enrolled, specific to the state in which the QHP is operating.	<p><b>Note:</b> This variable MUST be identical for all enrollees included in the sample frame and MUST not be blank.</p> <p><b>Note:</b> Do NOT use acronyms or abbreviations. Do NOT include extra spaces or parentheses.</p> <p><b>Note:</b> This variable is used in the QI Reports. Please confirm QHP Issuer Legal Name is spelled correctly.</p>
Product Line	Num	1	61	61		<p>3 = Exchange</p> <p><b>Note:</b> A valid value is required for every enrollee in the record. Only “3” is valid for Exchange.</p>
Product Type	Num	1	62	62	Name of the product type under which the enrollee’s QHP falls.	<p>1 = Health Maintenance Organization (HMO)</p> <p>2 = Point of Service (POS)</p> <p>3 = Preferred Provider Organization (PPO)</p> <p>4 = Exclusive Provider Organization (EPO)</p> <p><b>Note:</b> A valid value is required for every enrollee in the record. QHP issuers may NOT combine product types. This variable MUST be identical for all enrollees included in the sample frame.</p> <p><b>Note:</b> This variable MUST match the reported 3-character product type in the Reporting Unit ID variable</p>
Subscriber ID	Char	25	63	87	Subscriber or family ID number, which is the common ID for the subscriber and all dependents. Each issuer can decide the format used for this ID.	
Enrollee Unique ID	Char	25	88	112	Unique enrollee ID. This ID differentiates between individuals when family members share the Subscriber ID. Each issuer can decide the format used for this ID, given it uniquely identifies the enrollee and can be linked back to the issuer’s records.	

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Enrollee First Name	Char	25	113	137	Enrollee first name	
Enrollee Middle Initial	Char	1	138	138	Enrollee middle initial	
Enrollee Last Name	Char	25	139	163	Enrollee last name	
Enrollee Gender	Num	1	164	164		1 = Male 2 = Female 9 = Missing/Not Available  <b>Note:</b> A valid value is required for every enrollee in the record.
Enrollee Date of Birth	Num	8	165	172		MMDDYYYY
Enrollee Mailing Address 1	Char	50	173	222	Street address or post office box	
Enrollee Mailing Address 2	Char	50	223	272	Mailing address, 2nd line (if needed)	
Enrollee City	Char	30	273	302		
Enrollee State	Char	2	303	304	2-character Postal Service state abbreviation	
Enrollee Zip Code	Num	5	305	309	5-digit number	
Enrollee Phone 1	Num	10	310	319	3-digit area code plus 7-digit phone number; No separators or delimiters	
Flu Flag	Num	1	320	320	Flu Vaccinations for Adults Ages 18-64 Eligibility Flag coded based on enrollee's age as of July 1, 2018.	1 = Eligible (the member was born on or between July 2, 1953, and July 1, 2000) 2 = Ineligible (the member was born before July 2, 1953, or after July 1, 2000)  <b>Note:</b> A valid value is required for every enrollee in the record.
Enrollee Age	Num	2	321	322	Enrollee age as of December 31, 2018.	Numeric, 2-digit variable. For enrollees age 80 years and older, code as 80. For example, an enrollee who is 89 years of age as of December 31, 2018, will be coded 80.  <b>Note:</b> A valid value is required for every enrollee in the record.

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Issuer ID	Num	5	323	327	Unique HIOS issuer ID number.	<p><b>Note:</b> A valid value is required for every enrollee in the record. This variable MUST be identical for all enrollees included in the sample frame.</p> <p><b>Note:</b> This variable MUST match the reported 5-digit Issuer ID in the Reporting Unit ID variable.</p>
QHP State	Char	2	328	329	State associated with the QHP issuer. This variable is different than Enrollee State.	<p>2-character Postal Service state abbreviation.</p> <p><b>Note:</b> A valid value is required for every enrollee in the record. This variable MUST be identical for all enrollees included in the sample frame.</p> <p><b>Note:</b> This variable MUST match the reported 2-character QHP state postal code in the Reporting Unit ID variable.</p>
Reporting Unit ID	Char	12	330	341	Reporting Unit ID. It is made up of the following parts (with a hyphen separating each part): 5-digit Issuer ID, 2-character QHP State postal code, and 3-character Product Type.	<p>5-digit Issuer ID= Issuer ID variable. 2-character QHP state postal code=QHP State variable. 3-character product type=Product Type (HMO, POS, PPO, EPO) variable. For example: 12345-TX-PPO.</p> <p><b>Note:</b> A valid value is required for every enrollee in the record. This variable MUST be identical for all enrollees included in the sample frame and the components of this variable MUST match the reported values for the Issuer ID, QHP State, and Product Type variables.</p>
Metal Level	Num	1	342	342	Metal level associated with enrollee's QHP.	<p>1 = Platinum 2 = Gold 3 = Silver 4 = Bronze 5 = Catastrophic 6 = Bronze Expanded 9 = Missing</p> <p><b>Note:</b> A valid value is required for every enrollee in the record.</p>

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Variant ID	Char	2	343	344	<p>Variant ID* associated with enrollee's QHP. Variant IDs 02 and 03 are for federally-recognized tribes and eligible Alaska Natives with incomes above 300% of the federal poverty line.</p> <p>The Variant IDs associated with Medicaid Expansion Enrollees (31- 36) are determined based on the actuarial value and issuers should have the Variant IDs assigned to their enrollees and plans.</p> <p><b>Note:</b> Variant IDs relate to the plan's cost-sharing structure.</p>	<p>01 = Exchange variant (No CSR) 02 = Zero Cost Sharing Plan Variation 03 = Limited Cost Sharing Plan Variation 04 = 73% Actuarial Value (AV) Level Silver Plan CSR 05 = 87% AV Level Silver Plan CSR 06 = 94% AV Level Silver Plan CSR 31 = Medicaid Expansion 32 = Medicaid Expansion 33 = Medicaid Expansion 34 = Medicaid Expansion 35 = Medicaid Expansion 36 = Medicaid Expansion 09 = Missing</p> <p><b>Note:</b> A valid value is required for every enrollee in the record. Only the Variant IDs listed above can be included in the sample frame. Do NOT include enrollees in QHPs offered outside the Exchange (off-Exchange health plans) or in non-QHPs, designated by HIOS Variant ID 00.</p> <p><b>Note:</b> Variant IDs of 09=Missing remain in the sample frame; the enrollee is assumed to be eligible (in an on-Exchange health plan) unless there is evidence to suggest otherwise.</p>
Spoken Language Preference	Num	1	345	345	Enrollee's preferred spoken language.	<p>1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing</p>
Written Language Preference	Num	1	346	346	Enrollee's preferred written language.	<p>1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing</p>
APTC Eligibility Flag	Num	1	347	347	Indicates whether enrollee qualified for an advance premium tax credit (APTC), with or without a cost-sharing reduction.	<p>1 = Yes 2 = No 9 = Missing</p>



Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Plan Marketing Name	Char	250	348	597	The common name of the QHP in which the individual is enrolled (e.g., the name a consumer would see on an Exchange website when enrolling or on a bill).	If missing, use "Unavailable."
Medicaid Expansion QHP Enrollee	Num	1	598	598	QHPs operating in states offering Section 1115 waivers as part of the Medicaid Expansion <b>MUST</b> include all QHP enrollees and their status as enrolled via a 1115 waiver. It is the responsibility of the QHP to know whether their Reporting Units contain such persons.	1 = Yes 2 = No 3 = Missing 9 = Not Applicable, No Medicaid 1115 Waiver  <b>Note:</b> Organizations with Medicaid Expansion QHP enrollees (1=Yes) should have Variant ID values between -31 and -36.  <b>Note:</b> QHPs operating in states not offering Section 1115 waivers use 9=Not Applicable.
Reporting Status	Num	1	599	599	This variable is an identifier to determine whether a particular Reporting Unit is eligible for reporting as part of the Quality Rating System. Only plans that began offering coverage within a state's Exchange in Plan Year 2017 or before are eligible for public reporting. This variable is based on the plan year (2017 or 2018) the QHP issuer began offering the Reporting Unit within the state's Exchange. Please refer to Create Sample Frame and Draw Sample (Sampling) of the <i>2019 QHP Enrollee Survey Technical Specifications</i> for more information.	1 = Issuer began offering this product type within state's Exchange in Plan Year 2017 or before 2 = Issuer began offering this product type within state's Exchange in Plan Year 2018 9 = Missing
Enrollee Email Address	Char	320	600	919	Email address.	Maximum of 64 characters for the username, 1 character for the @, and 255 characters for the domain name.
Enrollee Phone 2	Num	10	920	929	3-digit area code plus 7-digit phone number; No separators or delimiters	

Variable	Type	Field Position Length	Field Position Start	Field Position End	Description	Valid Values
Total Enrollment	Num	9	930	938	<p>The total number of members enrolled in the reporting unit.</p> <p>This must be total number of enrollees within the reporting unit, not by the number of survey eligible enrollees. Please refer to the Evaluate Reporting Unit Eligibility Criteria of the <i>2019 QHP Enrollee Survey Technical Specifications</i>.</p> <p><b>Note:</b> Total Enrollment should be calculated as of January 7, 2019.</p>	<p>0 - 999999999</p> <p>-1 = Unknown/Missing</p>

## Appendix D: Key QHP Issuer Due Dates and Additional Resources

**Table 7** lists key QHP issuer due dates for various tasks required for ineligible and eligible reporting units and **Table 8** provides additional QRS and QHP Enrollee Survey resources and links.

**Table 7: Key QHP Issuer Due Dates**

QHP Issuer Task	QHP Issuer Deadline
QHP issuers that do not meet eligibility criteria complete and submit the "2019 QRS and QHP Enrollee Survey – Ineligible Reporting Unit Information" template to <a href="mailto:QRSandQHPSurveyTeam@ncqa.org">QRSandQHPSurveyTeam@ncqa.org</a> .	<b>January 7, 2019</b>
If eligibility status changes, issuers must notify CMS within 3 business days of discovery, but no later than January 7, 2019.	<b>January 7, 2019</b>
Authorize an HHS-approved vendor to administer the QHP Enrollee Survey within the HOQ.	<b>January 31, 2019</b>
QHP issuer and HEDIS Compliance Auditor complete the validation of QHP Enrollee Survey sampling frame within the HOQ.	<b>January 31, 2019</b>

**Table 8: Additional QRS and QHP Enrollee Survey Resources**

Resource	Description
CMS MQI Website	This website provides resources related to CMS MQI activities, including the QRS, the QHP Enrollee Survey, Quality Improvement Strategy (QIS) requirements, and patient safety standards. As the central site for MQI resources, this site contains instructional documents regarding implementation and reporting.  Spotlight news and recent activities on QRS and QHP Enrollee Survey can be found on the <a href="#">CMS Health Insurance Marketplace Quality Initiatives (MQI) Website</a> .
QRS Resources	QHP issuers must collect and submit validated QRS measure data to CMS in accordance with all CMS-issued requirements and guidance. For additional information on QRS, refer to the <a href="#">Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2019</a> and the <a href="#">2019 Quality Rating System Measure Technical Specifications</a> .
QHP Enrollee Survey Resources	A list of the 2019 HHS-approved QHP Enrollee Survey vendors and the <a href="#">Qualified Health Plan Enrollee Experience Survey: Technical Specifications for 2019</a> are posted on the <a href="#">QHP Survey page</a> of the MQI Website.
NCQA HEDIS Compliance Audit Website	This website provides an overview of HEDIS Compliance Audit program. List of NCQA Certified HEDIS Compliance Organizations can be found on <a href="#">NCQA's HEDIS Compliance Audit Certification website</a> .
NCQA HOQ Support	QHP issuers should submit questions about the HOQ to the <a href="#">NCQA portal</a> .
QRS and QHP Enrollee Survey Technical Support	For QRS and QHP Enrollee Survey Technical Support, contact Marketplace Service Desk (MSD) via email at <a href="mailto:CMS_FEPS@cms.hhs.gov">CMS_FEPS@cms.hhs.gov</a> or via phone at 1-855-CMS-1515 (1-855-267-1515). Please reference "Marketplace Quality Initiatives (MQI)-QRS/QHP Enrollee Survey" in the subject line of the email.